

**CHRISTOPHER WAYNE LESTER
MADISON MEDICAL GROUP
RECORDS
14-R**

rbbe/09-27-96/*8

** VENDOR COPY **

1005904

Cecil M. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
 - Unemployment Compensation • Workers' Compensation
- an equal opportunity/affirmative action employer*

June 24, 1997

SNYDER J MARK DO
MADISON MEDICAL GROUP
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER
PO BOX 1113
DANVILLE, WV 25053-0000

Re: Claim 950006803
S.S.N. [REDACTED] 3340
D.O.I. 08/10/1994

PLEASE READ CAREFULLY - REHABILITATION BENEFITS

You have been approved for rehabilitation benefits on a TEMPORARY TOTAL disability basis from 05/24/97 through 08/06/97 because you are participating in vocational training

THE VOCATIONAL TRAINING PROGRAM WILL BE COMPLETED EFFECTIVE AUGUST 7, 1997.

These benefits will be stopped if you do not fully participate in the approved program.

Any party to this claim may protest this decision by sending a written protest to the Office of Judges, with copies to all other parties to the claim, within 30 days from the date you receive this letter. See addresses below:

Office of Judges
P. O. Box 2233
Charleston, WV 25328-2233

Supervisor, Claims Defense Litigation
P. O. Box 4317
Charleston, WV 25364-4317

After the protest is filed, all parties may agree to seek mediation services. If so, you may contact Mediation Unit at P.O. Box 2964, Charleston, WV 25330-2964.

If you have any questions or concerns, you may reach me at 304-926-5264.

CC: TRI-STATE HOME CENTER
CRA
NELSON TIMOTHY W

Workers' Compensation Division
BY: Greg Hughes
Claims Representative 3/Senior

RECEIVED JUN 25 1997

A handwritten signature in dark ink, appearing to be "JH" or similar, written over a horizontal line.

117 California Avenue, Charleston, West Virginia 25305-0112 • <http://www.state.wv.us/bep>

500688.015.0605

cnrq/01-01-96/*6 ** VENDOR COPY ** 1005904

Cecil H. Underwood
Governor
William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information
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an equal opportunity/affirmative action employer

June 17, 1997

SNYDER J MARK DO
MADISON MEDICAL GROUP
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER
PO BOX 1113
DANVILLE, WV 25053-0000

Re: Claim 950006803
S.S.N. [REDACTED] 3340
D.O.I. 08/10/1994

PLEASE READ CAREFULLY - REQUEST FOR INFORMATION

CRA MANAGED CARE, INC.- Q. C. STEPHENS, MA, please send me the following.
information regarding this claim:

MR. STEPHENS: PLEASE PROVIDE AN UPDATE ON THE PLAN FOR THE THIRTY DAY TRUCK DRIVING
TRAINING. THANKS! FAX#(304)926-5423

If you have any questions or concerns, you may reach me at 304-926-5264.

CC: TRI-STATE HOME CENTER
CRA
NELSON TIMOTHY W

Workers' Compensation Division
BY: Greg Hughes
Claims Representative 3/Senior

180

rbbe/09-27-96/*8

** VENDOR COPY **

1005904

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Governor

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West Virginia Bureau of Employment Programs

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June 17, 1997

SNYDER J MARK DO
MADISON MEDICAL GROUP
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER
PO BOX 1113
DANVILLE, WV 25053-0000

Re: Claim 950006803
S.S.N. [REDACTED]-3340
D.O.I. 08/10/1994

PLEASE READ CAREFULLY - REHABILITATION BENEFITS

You have been approved for rehabilitation benefits on a TEMPORARY TOTAL disability basis from 05/24/97 through 06/06/97 because you are participating in job placement

These benefits will be stopped if you do not fully participate in the approved program.

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P. O. Box 4317
Charleston, WV 25364-4317

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CC: TRI-STATE HOME CENTER
CRA
NELSON TIMOTHY W

Workers' Compensation Division
BY: Greg Hughes
Claims Representative 3/Senior

auth/09-27-96/*8

** VENDOR COPY **

1005904

Cecil H. Underwood
Governor

William F. Vieweg
Commissioner



West Virginia Bureau of Employment Programs

• Job Service/Job Training Programs • Labor Market Information
• Unemployment Compensation • Workers' Compensation
an equal opportunity/affirmative action employer

June 11, 1997

SNYDER J MARK DO
MADISON MEDICAL GROUP
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER
PO BOX 1113
DANVILLE, WV 25053-0000

Re: Claim 950006803
S.S.N. [REDACTED]-3340
D.O.I. 08/10/1994

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from NELSON TIMOTHY W dated 06/09/1997, is Approved.

PER THE REQUEST FROM DR. TIMOTHY W. NELSON, THIS LETTER WILL SERVE AS AUTHORIZATION FOR A SERIES OF TWO (2) TRIGGER POINT INJECTIONS AND LUMBAR EPIDURAL STEROID INJECTIONS.

THIS LETTER WILL ALSO SERVE AS AUTHORIZATION TO PRESCRIBE OXYCONTIN FROM MAY 16, 1997 THROUGH NOVEMBER 15, 1997.

Authorized Dates are 05/16/1997 through 05/16/1998.

Your authorization number is 197161011.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision by sending a written protest to the Office of Judges, with copies to all other parties to the claim, within 30 days from the date you receive this letter. See addresses below:

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NELSON TIMOTHY W
CRA
NELSON TIMOTHY W

Workers' Compensation Division
BY: Greg Hughes
Claims Representative 3/Senior

RECEIVED JUN 12 1997

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West Virginia Bureau of Employment Programs

- Job Service/Job Training Programs • Labor Market Information
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May 20, 1997

SNYDER J MARK DO
MADISON MEDICAL GROUP
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER
PO BOX 1113
DANVILLE, WV 25053-0000

Re: Claim 950006803
S.S.N. [REDACTED] 3340
D.O.I. 08/10/1994

PLEASE READ CAREFULLY - REHABILITATION BENEFITS

You have been approved for rehabilitation benefits on a TEMPORARY TOTAL disability basis from 04/28/97 through 05/24/97 because you are participating in job placement

These benefits will be stopped if you do not fully participate in the approved program.

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CC: TRI-STATE HOME CENTER
CRA

Workers' Compensation Division
BY: Greg Hughes
Claims Representative 3/Senior

RECEIVED MAY 21 1997

BOONE MEMORIAL HOSPITAL

MADISON, WV 25130

ENT. NO.	MEDICAL RECORD NO.	FINANCIAL TYPE	RELIGION	DATE OF ADMISSION	REGISTRATION DATE	TIME
566180	000104551	COMMERCIAL	OTHER	04/14/97	04/14/97	22:32
PATIENT NAME	AGE	DATE OF BIRTH	SEX	RACE	MARITAL STATUS	SOCIAL SECURITY NO.
LESTER CHRISTOPHER WAYNE	25	12/23/71	MALE	WHITE	MARRIED	3340
MAILING ADDRESS	COUNTY OF RESIDENCE	NOTIFY IN CASE OF EMERGENCY	RELATIONSHIP			
PO BOX 21	BOONE	LESTER CHARLES (DAD)				
HOME ADDRESS	HOME PHONE	EMERGENCY CONTACTS ADDRESS	STATE ZIP CODE			
	304-369-2432					

CITY	STATE	ZIP CODE	ADMIT TYPE	EMPLOYMENT	PHONE
HEWETT	WV	25108	EMERGENCY	TRI STATE HOMES	
FATHER'S NAME (IF MINOR)	ADMIT SOURCE	MOTHER'S NAME (IF MINOR)			
	EMER ROOM				

GUARANTOR'S NAME	PATIENT'S RELATIONSHIP TO GUARANTOR	EMPLOYMENT STATUS	EMPLOYEE ID. NO.
LESTER CHRISTOPHER WAYNE	SELF	FULL TIME	
GUARANTOR'S MAILING ADDRESS	GUARANTOR'S HOME PHONE	EMPLOYER'S NAME	EMPLOYER'S PHONE
PO BOX 21	304-369-2432	TRI STATE HOMES	
GUARANTOR'S HOME ADDRESS	GUARANTOR'S SOCIAL SECURITY NO.	EMPLOYER'S LOCATION: STREET, CITY, STATE, AND ZIP CODE	
	3340		

GUARANTOR'S CITY	STATE	ZIP CODE	GUARANTOR NO.	SOCIAL SECURITY NO.
HEWETT	WV	25108	0009467	
GUARANTOR'S EMPLOYER'S NAME	GUARANTOR'S EMPLOYMENT PHONE	NAME	ADDRESS	RES. PHONE
TRI STATE HOMES				
GUARANTOR'S EMPLOYER'S LOCATION: STREET, CITY, STATE AND ZIP CODE		EMPLOYMENT	JOB PHONE	

PRIMARY INS. CO. NAME	POLICY HOLDER	INSURED RELATION	POLICY NO.
CARELINK HEALTH PLAN	LESTER CHRISTOPHER WAYNE	SELF	23508994901
GROUP POLICY NAME	GROUP POLICY NO.	COMMENTS	
CARELINK	000174H001		
SECONDARY INS. CO. NAME	POLICY HOLDER	INSURED RELATION	POLICY NO.

GROUP POLICY NAME	GROUP POLICY NO.	COMMENTS
TERTIARY INS. CO. NAME	POLICY HOLDER	INSURED RELATION
GROUP POLICY NAME	GROUP POLICY NO.	COMMENTS

MEDICARE NO.	MEDICAID NO.	LAST T.T.	LMP

ALLERGIES	W/
W/	

TEMP	98.4	RESP	18	WT	140/80
TIME NOTIFIED	10:45	TIME NOTIFIED		B/P	
				TIME	10:37

HISTORY AND PHYSICAL FINDINGS	AM	PM

was putting dirt into dirt wash
 caught in gear out? fall. come w e for
 in back of neck + W- chest
 was under care of Dr. Snyder + Nelson of
 CMC Dan- clinic regarding his back from
 falling backwards, anorexia
 when upon

Heart regular no murmur
 lungs clear - clear
 slightly under 10 chest
 S S D I N S P
 C.B.P. EKG clean 60
 X-ray cervical spine, x-ray skull appear normal
 vertebrae 2nd
 1 more 1 W pu

Discharge Instructions:	After discharge care sheet:
do not do any more	Course of Patient
directed to Dr. Snyder	In Emergency Dept
allows to go home	Condition On Discharge
	Disposition of Case

REFERRED TO DR.	DIAGNOSTIC IMPRESSION

500688.015.0610

APR14'97 11:35

14 Apr 97

23:24:06

PAGE 1

BOONE MEMORIAL HOSPITAL
701 MADISON AVENUE,
MADISON, W.V. 25130

** STAT **

NAME: LESTER, CHRISTOPHER
PATIENT ID:
AGE: 25 years
DATE OF BIRTH:
SEX: M
LOCATION: ER
PAT. COMMENT: CHEM 6
SAMPLE COMMENT:
INST. CODES:

SAMPLE ID: 4-97-709
SAMPLE TYPE: Serum
DOCTOR: CHINTDET
DRAW DATE/TIME: Apr 14 97 23:05
RUN DATE/TIME: Apr 14 97 23:21
SEC/CUP/REP: 4/1

CHEMISTRY	RESULTS	UNITS	REFERENCE RANGE	REMARKS
-----------	---------	-------	-----------------	---------

NA	139.1	mmol/L	135.0 - 145.0	
K	4.17	mmol/L	3.60 - 5.00	
CL	107.5	mmol/L	101.0 - 111.0	
CO2	26.5	mmol/L	21.0 - 31.0	
GLU	91	mg/dL	70 - 105	
BUN	11	mg/dL	7 - 18	

CALCULATED VALUES	RESULTS	UNITS	REFERENCE RANGE	REMARKS
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ANION GAP (2)	9.3		* - *	
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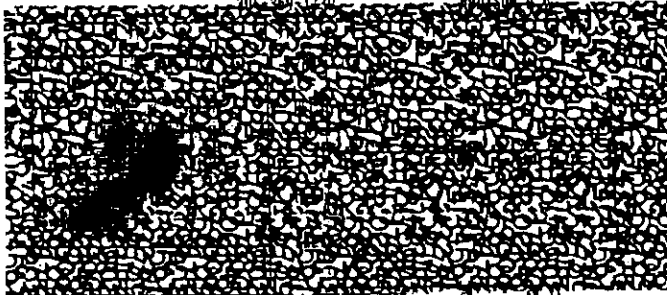
500688.015.0612

Boone Memorial Hospital, Madison, W. Va.
HEMATOLOGY

LAB IN			
PATIENT NUMBER		DATE OF SERVICE	
PATIENT NAME			
ROOM NUMBER	AGE	SEX	<input type="checkbox"/> OUTPATIENT
PHYSICIAN	<input type="checkbox"/> MEDI-OVER <input type="checkbox"/> CPA <input type="checkbox"/> MEDI-UNDER <input type="checkbox"/> OTHER		

LAB OUT		APR 14 '97 PM 11:30	
ORDERED BY:		WRITTEN BY:	
<input type="checkbox"/> ASAP <input type="checkbox"/> STAT <input type="checkbox"/> TODAY <input type="checkbox"/> ROUTINE <input type="checkbox"/> PREOP <input type="checkbox"/> TIME			
DATE / TIME TO BE DONE		COLLECTED BY DATE AND TIME	
COMPLETED BY TECH		DATE AND TIME COLLECTED	

 4/14/97 23:19:30
 S6

 BOONE MEM. HOSPITAL
 701 MADISON AVE
 MADISON, W. VA.

 Date of Birth: 4-97-709
 Collected By: S6
 Date & Time: 04/14/97 23:08
 Analyzed By: S6
 Date & Time: 04/14/97 23:08
 Sequence #: 1

 Sex: M
 Location: ER
 Physician: CHINWUNDET

DIFF %	ABSOLUTE	HEMOGRAM
WBC 9.0		RBC 5.67
NE 57.8	5.1	HGB 16.5
LY 30.6	2.8	HCT 47.2
MO 8.9	0.8	MCV 83.2
EO 2.0	0.2	MCH 29.1
BA 0.7	0.1	MCHC 35.0
		RDW 12.4
		PLT 264
		MPV 7.9

 Normal WBC Pop
 Normal RBC Pop
 Normal PLT Pop

NORMAL VALUES		
WBC	4.0-10.8	x10 ³
HGB M	4.7-6.1	F 4.2-5.4 x10 ⁶
HGB M	14-18	F 12-16 g/dL
HCT M	42-52	F 37-47 %
MCV M	80-94	F 81-89 fL
MCH	27-31	pg
MCHC	32-36	g/dL
RDW	11.5-14.5	%
PLT	130-400	x10 ³
MPV	7.4-10.4	fL
NE%	40.7-81.5	%
BAND	0.0-6.0	%
LY%	18.8-44.4	%
MO%	2.3-13.1	%
EO%	0.0-5.7	%
BA%	0.0-3.4	%
NE#	2.0-7.2	x10 ³
LY#	0.7-3.5	x10 ³
MO#	0.2-1.0	x10 ³
EO#	0.0-0.4	x10 ³
BA#	0.0-0.3	x10 ³

MANUAL DIFFERENTIAL %	MORPHOLOGY
SEGMENTED NEUTROPHIL	1 2 3
BAND	ANISOCYTOSIS
LYMPHOCYTE	MICROCYTOSIS
MONOCYTE	MACROCYTOSIS
EOSINOPHIL	HYPOCHROMIA
BASOPHIL	POLYCHROMASIA
METAMYELOCYTE	POKILOCYTOSIS
MYELOCYTE	BASOPHILIC STIPPLING
PROMYELOCYTE	TOXIC GRANULATION
BLAST	
VARIANT LYMPHS	

PLT POP	
LARGE PLATELETS	
PLT CLUMPS PRESENT	
PLT APPEARS	INCREASED
	DECREASED
	NORMAL

 AUTO DIFF. VERIF. BY: _____
 MAN. DIFF. VERIF. BY: _____

	NORMAL	PATIENT
PROTHROMBIN TIME	10.9-14.5	
(APTT) ACTIVATED PART THROMBOPLASTIN	29-38 Sec.	
Obs. Time	1-4 Min.	Min.
Clotting Time	6-8 Min.	Min.
RETICULOCYTE COUNT	ADULT 0.5-1.5% NEWBORN 2.5-6.5%	
SEB. RATE	MALE < 50 TO = 6-15 months > 50 TO = 6-25 m/hr FEMALE < 50 TO = 3-25 m/hr > 50 TO = 3-20 m/hr	

COMPLETED BY: _____ DATE AND TIME: 4/14/97

COMMENTS: _____

COMMUNICATED: _____

TO: _____

DATE: _____ TIME: _____

CHART COPY

500688.015.0613



P.O. Box 1711
Charleston, West Virginia 25326-1711
Phone: (304) 348-2966
Fax: (304) 348-2948

AUTHORIZATION AND REFERRAL FORM

Today's Date: 4-15-97
Patient Name: Lester Christopher W
Last First MI
Member ID Number: 23508996901

Please Type or Print
Primary Care Physician Name: J. Mark Snyder MD Provider Number: 55-0740744

REFERRAL: (Check appropriate boxes and list physician's name)

☐ Consultation only
☐ Consultation and appropriate work-up
☐ Consultation and treatment
☐ Total OB care
☒ ER visit
☒ Referred to Dr. Boone Memorial Hosp
☒ Specialty: ER visit
☐ In network
☐ Out of network (must be pre-authorized by Medical Director)
☒ Number of visits approved 1 from 4-14-97 through 4-14-97
Appointment Date 4-14-97

PREAUTHORIZATION: (Required for all network referrals, elective admissions, certain ambulatory procedures and specific outpatient services.)

CASE MANAGEMENT: Is available for individuals with chronic/catastrophic illnesses. Would this patient benefit from case management services?
☐ Yes ☐ No

CLINICAL INFORMATION: (see attached)

Reason for Referral/Diagnosis: Syncope ICD-9 Code: 780.2

Referring Physician's Signature: J. M. Snyder MD/PG

CONSULTATION/REFERRAL REPORT ☐ Report attached ☐ Additional number of visits requested

Specialist Signature

Date

FOR DEPARTMENT USE ONLY:

Authorized ☒ Yes ☐ No

By: Tiffany

Date: 4-15-97

Authorization # 970415018706 Notice to Provider ☒

Date: 11

500688.015.0614

rbbe/09-27-96/*8

** ENDOR COPY **

1005904

Bureau of Employment Programs
Workers' Compensation Division
4700 MacCorkle Avenue, S.E.
Charleston, West Virginia 25304-1964

Cecil H. Underwood, Governor
William F. Vleweg, Commissioner



March 27, 1997

SNYDER J MARK
MADISON MEDICAL GROUP
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER
PO BOX 21
HEWETT, WV 25108-0000

Re: Claim 950006803
S.S.N. [REDACTED] 3340
D.O.I. 08/10/1994

PLEASE READ CAREFULLY - REHABILITATION BENEFITS

You have been approved for rehabilitation benefits on a TEMPORARY TOTAL disability basis from 03/36/97 through 04/27/97 because you are participating in a retraining program

These benefits will be stopped if you do not fully participate in the approved program.

Any party to this claim may protest this decision by sending a written protest to the Office of Judges, with copies to all other parties to the claim, within 30 days from the date you receive this letter. See addresses below:

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CC: TRI-STATE HOME CENTER
CRA

Workers' Compensation Division
BY: Greg Hughes
Claims Representative 3/Senior

A handwritten signature, likely of Greg Hughes, written in black ink.

500688.015.0615

rbbe/09-27-96/*8

** VENDOR COPY **

1005904

Bureau of Employment Programs
Workers' Compensation Division
4700 MacCorkle Avenue, S.E.
Charleston, West Virginia 25304-1964

Cecil H. Underwood, Governor
William F. Vieweg, Commissioner



February 24, 1997

SNYDER J MARK
MADISON MEDICAL GROUP
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER
PO BOX 21
HEWETT, WV 25108-0000

Re: Claim 950006803
S.S.N. [REDACTED]-3340
D.O.I. 08/10/1994

PLEASE READ CAREFULLY - REHABILITATION BENEFITS

You have been approved for rehabilitation benefits on a TEMPORARY TOTAL disability basis from 02/17/97 through 03/25/97 because you are participating in job placement

These benefits will be stopped if you do not fully participate in the approved program.

Any party to this claim may protest this decision by sending a written protest to the Office of Judges, with copies to all other parties to the claim, within 30 days from the date you receive this letter. See addresses below:

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CC: TRI-STATE HOME CENTER
CRA
SNYDER J MARK

Workers' Compensation Division
BY: Greg Hughes,
Claims Representative 3/Senior

A large, stylized handwritten signature, likely of Greg Hughes, written in black ink.

RECEIVED FEB 25 1997

500688.015.0616

susr/09-27-96/*6

** VENDOR COPY **

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Bureau of Employment Programs
Workers' Compensation Division
4700 MacCorkle Avenue, S.E.
Charleston, West Virginia 25304-1964

Cecil H. Underwood, Governor
William F. Vieweg, Commissioner



February 19, 1997

SNYDER J MARK
MADISON MEDICAL GROUP
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER
PO BOX 21
HEWETT, WV 25108-0000

Re: Claim 950006803
S.S.N. [REDACTED]-3340
D.O.I. 08/10/1994

PLEASE READ CAREFULLY - SUSPENSION DECISION

By letter dated 01/17/97, you were given 30 days to provide medical information to continue payment of your temporary total disability benefits. After again reviewing your claim, it appears there is

THE CLAIM IS NOW CLOSED FOR TEMPORARY TOTAL DISABILITY BENEFITS ON A MEDICAL BASIS. THE CLAIM WILL REMAIN OPEN FOR TTD BENEFITS WHILE THE CLAIMANT PARTICIPATES IN A SPONSORED VOCATIONAL REHABILITATION JOB PLACEMENT PROGRAM.

Any party to this claim may protest this decision by sending a written protest to the Office of Judges, with copies to all other parties to the claim, within 30 days from the date you receive this letter. See addresses below:

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CC: TRI-STATE HOME CENTER
CRA
SNYDER J MARK

Workers' Compensation Division
BY: Greg Hughes
Claims Representative 3/Senior

RECEIVED FEB 20 1997

500688.015.0617

ppdr/10-17-96/*6 ** VENDOR COPY ** 1005904

Bureau of Employment Programs
Workers' Compensation Division
4700 MacCorkle Avenue, S.E.
Charleston, West Virginia 25304-1964

Cecil H. Underwood, Governor
William F. Vieweg, Commissioner



February 19, 1997

SNYDER J MARK
MADISON MEDICAL GROUP
705 MADISON AVENUE
MADISON, WV 25130

Re: Claim 950006803
S.S.N. [REDACTED]-3340
D.O.I. 08/10/1994

CHRISTOPHER W LESTER
PO BOX 21
HEWETT, WV 25108-0000

PLEASE READ CAREFULLY - PPD RECOMMENDATIONS

A medical report from PAUL BACHWITT, M.D., dated 01/07/97, indicates that no additional permanent partial disability has resulted from the compensable injury.

THIS CLAIM WILL REMAIN OPEN FOR TTD BENEFITS WHILE THE CLAIMANT PARTICIPATES IN A SPONSORED VOCATIONAL REHABILITATION JOB PLACEMENT PROGRAM.

Any party to this claim may protest this decision by sending a written protest to the Office of Judges, with copies to all other parties to the claim, within 30 days from the date you receive this letter. See addresses below:

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CRA
SNYDER J MARK

Workers' Compensation Division
BY: Greg Hughes
Claims Representative 3/Senior

RECEIVED FEB 20 1997

500688.015.0618

susp/01-01-96/*6

** VENDOR COPY **

1005904

Bureau of Employment Programs
Workers' Compensation Division
4700 MacCorkle Avenue, S.E.
Charleston, West Virginia 25304-1964

Cecil H. Underwood, Governor
Andrew N. Richardson, Commissioner



January 17, 1997

SNYDER J MARK
MADISON MEDICAL GROUP
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER
PO BOX 21
HEWETT, WV 25108-0000

Re: Claim 950006803
S.S.N. [REDACTED]-3340
D.O.I. 08/10/1994

PLEASE READ CAREFULLY - BENEFITS SUSPENDED

Information has been received from PAUL BACHWITT, M.D., dated 01/07/97, which indicates you have reached maximum medical improvement from your injury.

THE TTD BENEFITS ARE BEING SUSPENDED FOR MEDICAL REASONS BUT WILL CONTINUE WHILE THE CLAIMANT PARTICIPATES IN JOB PLACEMENT SERVICES.

Your temporary total disability benefits are suspended and may be closed in 30 days unless additional medical information is received, and is sufficient to continue these benefits.

After this 30 day notice period, you will be notified of a final decision.

If you have any questions or concerns, you may reach me at 304-926-5264.

CC: TRI-STATE HOME CENTER
CRA
NELSON TIMOTHY W
SNYDER J MARK
BACHWITT PAUL MD

Workers' Compensation Division
BY: Greg Hughes
Claims Representative 3/Senior

A handwritten signature in black ink, appearing to be "B3" or similar, written over the typed name "Greg Hughes".

500688.015.0619

rbbe/09-27-96/*8

** VENDOR COPY **

1005904

Bureau of Employment Programs
Workers' Compensation Division
4700 MacCorkle Avenue, S.E.
Charleston, West Virginia 25304-1964

Cecil H. Underwood, Governor
Andrew N. Richardson, Commissioner



January 17, 1997

SNYDER J MARK
MADISON MEDICAL GROUP
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER
PO BOX 21
HEWETT, WV 25108-0000

Re: Claim 950006803
S.S.N. [REDACTED] 3340
D.O.I. 08/10/1994

PLEASE READ CAREFULLY - REHABILITATION BENEFITS

You have been approved for rehabilitation benefits on a TEMPORARY TOTAL disability basis from 01/06/97 through 03/02/97 because you are participating in job placement

THE TTD BENEFITS BEING PAID WHILE THE CLAIMANT PARTICIPATES IN A SPONSORED JOB PLACEMENT SERVICE MAY BE MODIFIED IN THE FUTURE.

These benefits will be stopped if you do not fully participate in the approved program.

Any party to this claim may protest this decision by sending a written protest to the Office of Judges, with copies to all other parties to the claim, within 30 days from the date you receive this letter. See addresses below:

Office of Judges
P. O. Box 2233
Charleston, WV 25328-2233

Supervisor, Claims Defense Litigation
P. O. Box 4317
Charleston, WV 25364-4317

After the protest is filed, all parties may agree to seek mediation services. If so, you may contact Mediation Unit at P.O. Box 2964, Charleston, WV 25330-2964.

If you have any questions or concerns, you may reach me at 304-926-5264.

CC: TRI-STATE HOME CENTER
CRA
NELSON TIMOTHY W
SNYDER J MARK
BACHWITT PAUL MD

Workers' Compensation Division
BY: Greg Hughes
Claims Representative 3/Senior

500688.015.0620

TELEPHONE: 766-6114

Paul Bachwitt, M.D.

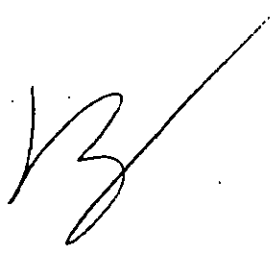
DIPLOMATE AMERICAN BOARD OF
ORTHOPEDIC SURGERY

414 Division Street
South Charleston, WV 25309

January 7, 1997

Mr. Greg Hughes
Claims Representative 3/Senior
Bureau of Employment Programs
Workers' Compensation Division
Office of Benefits Management
Post Office Box 431
Charleston, West Virginia 25322

RE: CHRISTOPHER W. LESTER
SS: #~~250000~~3340
DOI: August 10, 1994
CLAIM: #950006803
EMPLOYER: Tri-State Home Center



Dear Mr. Hughes:

The claimant was seen in my office on December 17, 1996 for an independent medical examination. With regard to previous injuries and/or illnesses, Mr. Lester states there are none.

In regard to his current injury, on August 10, 1994, Claim #950006803, while employed by Tri-State Home Center, Mr. Lester was working as part of a setup crew. He was carrying a 175' header on his shoulder when he turned his left ankle, causing him to fall into a hole, with injury to his back and right leg.

Mr. Lester states he did not lose consciousness, but was unable to walk after the accident and was taken to the emergency room at Boone Memorial Hospital by ambulance. X-ray of the left ankle was a normal study. Lumbar spine x-ray was normal. The radiologist stated he could not exclude compression deformity of the T11 vertebral level and that further evaluation would best be achieved with coned-down spot views of this in the lateral projection. A

500688.015.0621

Page 2

RE: CHRISTOPHER W. LESTER

coned-down view of the thoracolumbar junction showed anterior compression injury of T11, which did not appear to be acute. The diagnosis was that of: 1) Thoracic and lumbar strain/sprain. 2) Sprain, right ankle.

Mr. Lester was examined by Dr. Prabond Chinuntdet on October 7, 1994. He diagnosed compression fracture, T11, and planned to treat the claimant conservatively. He estimated Mr. Lester could return to work November 28, 1994.

The claimant underwent x-ray of the thoracic and upper lumbar spine at Boone Memorial Hospital on November 4, 1994. The films showed very minor anterior compression of the T11 vertebral level. There was no significant change since the study of October 8, 1994.

Dr. H. M. Hills, Jr., orthopedic surgeon, evaluated the claimant on January 5, 1995. He reported Mr. Lester was being seen by Dr. Chinuntdet and had been treated conservatively and with a back brace. He reported a low back pain evaluation profile was run showing a mixed psychogenic pain score, organic disease, and psychological disturbance often present together with this pattern. He noted Mr. Lester had a relatively high emotional component. It was his opinion the claimant had not reached MMI and that he needed to get rid of the brace and start an exercise program for his back. He stated the claimant was overweight by about 60 to 70 pounds and that it would help for him to lose a good 50 pounds. He said the claimant had solid firm union of the fracture and all that was bothering him at that time was pulling on the scar tissue. He felt Mr. Lester needed a strong physical therapy back program to get him functioning again. He did not think the claimant would be ready for a PPD rating for four to six months.

Medical records indicate the claimant underwent physical therapy at Boone Memorial Hospital which consisted of moist heat and massage to the lumbar and thoracic spine regions and an exercise program.

Dr. Chinuntdet saw Mr. Lester again on January 6, 1995 and treated him conservatively. He estimated at this time that Mr. Lester could return to work February 24, 1995.

Dr. Chinuntdet continued to follow the claimant on February 24, March 15, and April 17, 1995 and treated him conservatively.

Tri-State Home Center reported on April 21, 1995 that they were unable to provide light-duty work for Mr. Lester, as their work was

500688.015.0622

Page 3

RE: CHRISTOPHER W. LESTER

labor intense and required physical labor.

The claimant was seen by Dr. Chinuntdet on May 15 and June 9, 1995. On July 10, 1995, Dr. Chinuntdet with regard to his August 10, 1994 injury. He discussed going back to work with Mr. Lester, who stated he might not have a job anymore with his present employer and that Workers' Compensation was sending him to a rehabilitation program to train for another job. He noted Mr. Lester's compression fracture had healed and that he should be ready for disability rating and to go back to work if he has a job.

Dr. Chinuntdet again saw Mr. Lester on August 7, 1995, treated him conservatively with physical therapy and estimated he could return to work on September 7, 1995.

CRA Managed Care, Inc. reported on August 10, 1995 that Mr. Lester had been referred for rehabilitation services.

On August 24, 1995, Dr. Hills again saw the claimant and reported that since he saw him on January 5, 1995, he had undergone physical therapy and had some flareup with activity. He stated the claimant had not been able to get light work and had not returned to work as of August 24. He said Mr. Lester had evidence of radiculopathy, with loss of sensation to the right lower extremity. There was evidence of sciatic irritation, which qualified him for DRE III or 10% PPD. The claimant was granted a 10% PPD award on September 26, 1995.

On September 19, 1995, Dr. Panos Ignatiadis, neurosurgeon, saw the claimant for a second opinion. He reviewed the claimant's x-rays and stated they showed evidence of a small compression of less than 10% of the anterior part of the T11 vertebra, which he believe accounted for his symptoms, with concomitant paraspinal muscle sprain in that area. He stated it seemed to him Mr. Lester could not return to his previous employment and should go through a functional capacity assessment. He said he agreed with the assessment of the independent examiner insofar as the percentage of disability. Dr. Ignatiadis did not think Mr. Lester was a candidate for surgical intervention.

Dr. Chinuntdet saw Mr. Lester again on November 1, 1995 and advised him he felt he should be seen by an orthopedist and requested authorization for him to be seen by Dr. Tony C. Majestro.

Dr. Majestro saw Mr. Lester on November 30, 1995 for consultation

500688.015.0623

Page 4

RE: CHRISTOPHER W. LESTER

evaluation for weakness of his right shoulder. Routine AP and lateral x-rays of the right shoulder taken in the office were completely within normal limits. Dr. Majestro's impression was that of probable mild soft tissue injury of the right shoulder. He stated Mr. Lester probably did sustain a mild soft tissue injury of the right shoulder and that examination by Drs. Loimil and Hills did not reveal any complaints of discomfort or weakness. He stated Mr. Lester showed no evidence of any objective impairment which related to his right shoulder and his complaints of weakness were not substantiated by any objective physical findings. Furthermore, he noted that 3 cm difference of the right arm and 2 cm difference of the right forearm, with calluses in his hands, would lead him to conclude that Mr. Lester was using his right extremity without any difficulty. Therefore, he found no evidence of any objective impairment which related to the right shoulder or upper extremity and did not believe the claimant was in need of any specific treatment for his shoulder or upper extremity.

On January 17, 1996, authorization was given for vocational training beginning February 1, 1996 through December 20, 1997. At this time, the claimant was attending class at Boone Career Center and was working in a computerized workbook in basic electricity. He reportedly was doing very well and was interested in communications devices.

Dr. Chinuntdet saw Mr. Lester on follow up on July 5, 1996. He reported the claimant was attending school and had started on a work hardening program for about 1½ weeks, he was started on weight lifting and his back started hurting him. After examination, Dr. Chinuntdet suggested Mr. Lester ease up on physical therapy and the work hardening program and resume them within a week or so.

Mr. Lester underwent an MRI of the lumbar spine at Metro MRI on August 3, 1996. Impression: There was some patient motion artifact. No compression fractures were identified. No disc herniation was demonstrated.

On July 18, 1996, the claimant was discharged from Logan Work Rehabilitation.

On September 16, 1996, Dr. Timothy W. Nelson of the CAMC Pain Clinic reported he felt Mr. Lester would benefit from a series of three trigger point injections, three lumbar epidural steroid injections, and pharmacotherapy with Neurontin.

500688.015.0624

Page 5

RE: CHRISTOPHER W. LESTER

Dr. Robert B. Atkins saw the claimant on September 30, 1996 for J. Mark Snyder, D.O., of Carepoint Physicians, Inc. His diagnosis was that of: 1) Thoracic sprain/strain. 2) Lumbar sprain/strain. 3) Sprain/strain, ankle. He reported they were awaiting authorization for pain clinic treatment and his next appointment was scheduled for October 16, 1996. However, his return to work date was still undetermined.

Mr. Lester was seen by Dr. Snyder on follow up on October 30, 1996 for work hardening and pain clinic for prolonged pain. He stated Mr. Lester was TTD and it was unknown when he might return to work.

The claimant states today he has not worked since August 10, 1994.

He states he has the following subjective complaints: 1) Low back pain radiating down his right leg to his knee. 2) His right leg gives out, with pins and needles in his foot.

The claimant says he sees J. Mark Snyder, D.O., his family physician and undergoes treatment at CAMC's Pain Clinic. He takes Soma, Ultram, and Elavil.

When asked about his activities of daily living and social and vocational history, he states he undergoes treatment once a month at the pain clinic and does home exercises. However, he does no chores and participates in other activities. He is a high school graduate. He worked in mobile home setup for two years and took vocational training in building construction.

The claimant was given a diagram to color indicating areas of pain (original enclosed). HE ALSO COLORS THE DIAGRAM CONTAINED ON THE GREEN LOW BACK EXAMINATION FORM, WHICH IS ENCLOSED.

No x-rays are taken today because Mr. Lester's weight is greater than my x-ray table's support. I defer to x-rays taken at the time of the injury at Boone Memorial Hospital and also to the MRI. These seem to contradict each other to a slight extent, but will make no practical difference.

The physical examination is performed. The claimant is 5 feet 7½ inches tall, weighs 260 pounds, and is 24 years of age.

EXAMINATION OF THE LOW BACK IS DOCUMENTED AND RECORDED ON THE GREEN LOW BACK EXAMINATION FORM, WHICH IS ENCLOSED.

500688.015.0625

Page 6
RE: CHRISTOPHER W. LESTER

In answer to the questions posed:

1. Has the claimant reached maximum medical improvement? (No additional surgical or medical intervention will change the claimant's condition.)

I feel he has.

2. Is the claimant working? If so, in what capacity? If not, could the claimant return to a modified work assignment and with what restrictions?

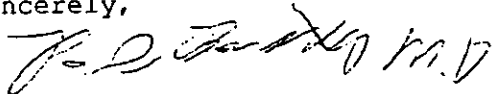
No.

3. What impairment rating is recommended, using the Fourth Edition, AMA Guides to the Evaluation of Permanent Impairment.

In regard to the injury of August 10, 1994, I feel he falls into a DRE Category II, page 102, Fourth Edition, AMA Guides to the Evaluation of Permanent Impairment, which is a 5% whole person impairment, and this would be my recommendation.

Please contact me if I can clarify any of the above.

Sincerely,



Paul Bachwitt, M.D.

PB:cat

Enclosures

cc: Mr. Christopher W. Lester
Timothy W. Nelson, M.D.
J. Mark Snyder, D.O.
Tri-State Home Center
CRA

500688.015.0626

auth/09-27-96/*8

** VENDOR COPY **

1005904

Bureau of Employment Programs
Workers' Compensation Division
4700 MacCorkle Avenue, S.E.
Charleston, West Virginia 25304-1964

Gaston Caperton, Governor
Andrew N. Richardson, Commissioner



December 16, 1996

SNYDER J MARK
MADISON MEDICAL GROUP
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER
PO BOX 21
HEWETT, WV 25108-0000

Re: Claim 950006803
S.S.N. [REDACTED] 3340
D.O.I. 08/10/1994

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from CLAIMANT dated 12/13/1996, is Approved.

THIS LETTER WILL SERVE AS AUTHORIZATION FOR CRA MANAGED CARE, INC. TO CONTINUE THEIR SERVICES THROUGH JUNE 30, 1997. THEIR SERVICES WILL BE DIRECTED AT JOB PLACEMENT IN A LESS THAN MEDIUM WORK CAPACITY AT A SIMILAR WAGE BEFORE ANY FURTHER CONSIDERATION CAN BE GIVEN TO ANY RETRAINING.

Authorized Dates are 01/01/1997 through 07/01/1997.

Your authorization number is 196348133.

For procedures, such as surgery, that are authorized and require multiple providers, the attending physician should share the authorization number with those providers to assure payment of their bills.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision by sending a written protest to the Office of Judges, with copies to all other parties to the claim, within 30 days from the date you receive this letter. See addresses below:

Office of Judges
P. O. Box 2233
Charleston, WV 25328-2233

Supervisor, Claims Defense Litigation
P. O. Box 4317
Charleston, WV 25364-4317

After the protest is filed, all parties may agree to seek mediation services. If so, you may contact the Mediation Unit at P.O. Box 2964, Charleston, WV 25330-2964.

If you have any questions or concerns, you may reach me at 304-926-5264.

CC: TRI-STATE HOME CENTER
CLAIMANT
CRA
NELSON TIMOTHY W
SNYDER J MARK
BACHWITT PAUL MD

Workers' Compensation Division
BY: Greg Hughes
Claims Representative 3/Senior

Handwritten: 12/19/96
Signature: [illegible]

500688.015.0627

CarePoint

Care Point Physicians, Inc.

Madison Medical Group

Robert Atkins, M.D.

Ron D. Stollings, M.D.

John Mark Snyder, D.O.

705 Madison Ave.

Madison, West Virginia 25130

(304) 869-5170

12-16-96

FAXED

Greg Hughes
Workus Comp.

RE: Christopher Lester.

Enclosed are office visit notes. We
have not received any records
concerning his injections.

Thanks,
Paula

500688.015.0628

auth/01-01-96/*8 ** VENDOR COPY ** 1005904

Bureau of Employment Programs
Workers' Compensation Division
4700 MacCorkle Avenue, S.E.
Charleston, West Virginia 25304-1964

Gaston Caperton, Governor
Andrew N. Richardson, Commissioner



August 22, 1996

SNYDER J MARK
MADISON MEDICAL GROUP
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER
PO BOX 21
HEWETT, WV 25108-0000

Re: Claim 950006803
S.S.N. [REDACTED]-3340
D.O.I. 08/10/1994

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from LOGAN WORK REHAB PRO dated 08/21/1996, is Approved.

PER THE REQUEST FROM CRA MANAGED CARE, INC., THIS LETTER WILL SERVE AS AUTHORIZATION FOR THE WORK HARDENING PROGRAM ATTEMPTED BY THE CLAIMANT FROM JUNE 24, 1996 THROUGH JULY 17, 1996. THIS WAS PREVIOUSLY AUTHORIZED BUT DELAYED.

Your authorization number is 196234031.
Authorized Dates are 06/24/1996 through 07/18/1996.

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision by sending a written protest to the Office of Judges, with copies to all other parties to the claim, within 30 days from the date you receive this letter. See addresses below:

Office of Judges
P. O. Box 2233
Charleston, WV 25328-2233

Director, Legal Services Division
P. O. Box 3922
Charleston, WV 25339-3922

After the protest is filed, all parties may agree to seek mediation services. If so, you may contact the Mediation Unit at P.O. Box 2964, Charleston, WV 25330-2964.

If you have any questions or concerns, you may reach me at 304-926-5264.

CC: TRI-STATE HOME CENTER
CRA
SNYDER J MARK
LOGAN MEDICAL FOUNDATION/WORK REH

Workers' Compensation Division
BY: Greg Hughes
Claims Representative 3/Senior

500688.015.0629

MADISON MEDICAL GROUP
705 MADISON AVE.
MADISON, WV 25130
PHONE (304) 369-5170 FAX (304) 369-1742



FAX COVER SHEET

TO: Marcia W.C.

FROM: Paula - mms

RE: Christopher Lester

NUMBER OF PAGES INCLUDING COVER SHEET: _____

DATE: 8-22-96

ADDITIONAL COMMENTS: _____

CONFIDENTIALITY NOTICE: THE DOCUMENTS ACCOMPANYING THIS FACSMILE TRANSMISSION CONTAIN CONFIDENTIAL INFORMATION BELONGING TO THE SENDER WHICH IS LEGALLY PRIVILEGED. IF YOU ARE NOT THE INTENDED RECIPIENT YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSMILE IN ERROR PLEASE NOTIFY US BY TELEPHONE TO ARRANGE THE RETURN OF THE ORIGINAL DOCUMENTS TO US, THANK YOU.

Christopher Lester 7-24-

Wt. 271 BP 132/86 P 80

S--In with complaint of low back pain symptoms have been chronic since 1994 when he had an accident, injuring his low back. He complains of pain primarily in the right side low back and mid low back with radiation down into the right gluteal area into the leg occasional weakness of the leg and his knee giving away.

O--Exam he is in no gross distress, obese, he has LS tenderness, flexion is limited to about 20-30° SLR creates pain at approx 25° on the right, he can raise the left somewhat better. He has no decreased pin prick sensation. DTR's are diminished bilaterally in the patellar area, he has slight weakness of the right lower extremity.

A--History of low back injury, and low back pain which has been chronic.

P--Obtained records from previously treated physician and scheduled for MRI and f/u 2 wks. (MS)

8/5/96. Toradol 10mg #10 796° PM (5x) Lamps

Chris Lester 8-7-96

S--In for f/u he is still having a lot of lower back pain this time primarily in the sacral area and right gluteal area, with radiation into the right leg,

O--Exam he has flexion at about 30° he has tenderness overlying the paraspinus area in the LS spine, and right PSIS, SLR is practically impossible, neuro appears to be intact, MRI was neg.

A--Chronic ongoing back pain

P--Placed on Elavil 25 mg PO QHS, increasing to 50 after a wk. Toradol prn for pain he is to f/u in a few wks. (MS)

MADISON MEDICAL GROUP RECORDS RELEASE AUTHORIZATION
705 MADISON AVE. MADISON WV 25130
PHONE (304) 369-5170 FAX (304) 369-1742

TO: Dr. Chininottet
DOCTOR

ADDRESS: Madison WV 25130

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

Mr. J. Mark Snyder

THE COMPLETE RECORDS IN YOUR POSSESSION CONCERNING MY
ILLNESSES AND/OR TREATMENTS DURING THE PERIOD FROM:

all TO _____
NAME: Christopher Lester DATE: 7-24-96
ADDRESS: P.O. Box 119
Hewitt, WV 25104
BIRTHDATE: 12-23-71 SSN# [REDACTED]-3340

SIGNATURE: Christopher Lester
(IF RELATIVE STATE RELATION)

WITNESS: Paula Baldwin

THIS RELEASE AND AUTHORIZATION SHALL BE VALID FOR ONE YEAR
FROM ITS DATE OF SIGNATURE UNLESS TERMINATED IN WRITING BEFORE
THAT DATE.

RECORDS COPIED AND SENT:

Jeresa Henderson
SIGNATURE
7-29-96
DATE

[Signature]

8-12-94

Christopher Lester

He was referred by DR. Martin, came in for follow up regarding his back injury. He was working and carrying cinder blocks and he fell into a hole, hurting his Lt. ankle and his back. Most of his pain is in his back. He had a lumbar spine and thoracic xray, and ankle. There is question of compress fracture of the T-11, he has tenderness in the dorsal spine area and in the mid-dorsal spine area. His ankle is slightly swollen, has fair amount of pain. A spot xray of the T-11 showed a compression fracture of the T-11. Rx given for Tylenol #3. He is to get a ~~jewette~~ *Jewette* brace from Chas. Orthopedics. Return in 1 week.

Please send a copy to Dr. Martin.
PC/cr

pc

8-19-94

Christopher Lester

Follow up of compression fracture of T-11. He has a Jewette brace fits him well. He said it gave a good bit of relief. He was advised to wear brace most of the time. Return in 3 weeks.

PC/cr

4-1-94

Hel

*to his machine. Rite aid
Tylenol (#3) 1 + 20*

9-9-94

pc

Christopher Lester

Follow up of comprssion Fracture of T-11. He still has pain off and on. Pain mostly in the fracture sight, and in the lower lumbar spine area. He said his legs are still sore a little bit in his Lt. ankle. He wants to try to do light work. He is doing mainly driving. He is allowed to return to light dutywork on Monday, Sept. 12th. He is to have a spot xray of T-11. Rx given for Tylenol No 3 no 30. Return in 4 weeks.

PC/cr

pc

9-12-94

Christopher W. Lester

He said his back had been hurting he was up all night. He has been working, but he didn't try to work. He is asking for a sleeping pill. He said he checked with his boss and he should stay off work. Advised to wear brace during the day and leave it off during the night. Rx given for Halson no10 take 0.25mg at bed time daily Return in 4 weeks.

PC/cr

Halson
Rel and machine
q-27-44 *Tel for Talacen + 2 ch*
PC

10-7-94

Christopher Lester

genelt
 He returned for follow up regarding injury of his back where he had an injury on Aug. 10th. while at work when he stepped into a hole and fell down. He was found to have a compression fracture of T-11. He is wearing a juvid brace. He continues to have a lot of pain. He also has pain in the lower back, he also complained of leaking urine each morning. However he did have a slight fever. Temp erature for a few days. He also has some burning upon urination. Questionable UTI. he also has some burning upon urination. He is to have a urinalysis, cultur and sensitivity, and xray of T-11 and to check on his progress. It has been 2 months. He has had 5 prescriptions for pain mostly Tylenol #3. Last time he was prescribed Talacen, he said it didn't help. He also needs a letter wrote to Comp to ask for authorization to continue to get his pain pills through compensation and payment. He is given Rx for Darvocet N-100, also Rx given for Bactrim DS. for urinary tract infection. Letter to compensation to ask comp. to pay for his pain medication, he seems to still need it. For the next few months. Return in 4 weeks.

PC/cr

ch

11-4-94

Christopher Lester

He is improving less pain in his back. He takes an occasional Darvocett-100. He is wearing Jewett brace. Satisfactory last xray showing stable compression fracture of T-11 also to get another xray today. Return in 4 weeks.

PC/cr

ach

12-2-94

Christopher Lester

Follow up compression fracture of T-11. He is doing well, he has some pain also complaining of his Rt. leg giving out, he said no pain in the leg. He has minimal moderate compression fracture, which is stable. He is given instruction exercise, also to leave splint off several times a day. Return in 1 month of repeat xray of T-11.

PC/cr

r ch

1-6-95

Christopher Lester

He said he had an examination by Dr. Hill yesterday. He said he put him through the wringer. His back is a little sore. His back is painful, he is also complaining of numbness in his Rt. leg, with tingling and needles. His straight leg raising is to 30 degrees, ankle and knee reflex is equal. He is to start PT, three times a week. Return in 2 weeks.

PC/cr

ach

1-27-95

Christopher Lester

He is continues to complain of pain in his lower back, pain radiating into his Rt. leg. He said he was seen by Dr. Hill on January 5th. He is still going for PT. He has no tenderness now in his lumbar spine and dorsal spine area. Continue PT. Return in 4 weeks.

PC/cr

r ch

2-24-95

Christopher Lester

He is feeling better. He is having PT, his back is limbering up he said. Finger to toe is still about 12 inches. Minimal tenderness in the T-11 area. He is to continue exercise ,PT not to wear back brace. Return in 3 weeks.

PC/cr

cr

3-15-95

Christopher Lester

He is back pain he says has been worse the past few days. He wanted to come and get a prescription. He is having been going for physical therapy. He has limitation of movement of his back and extension of flexion. Advised to continue physical therapy. 3 times a week for the next 2-4 weeks. Rx was given for dolobid. Return in 3 weeks.

PC/dw

3-23-95

dw

Christopher Lester

He came in today because he fell down and hurt his Rt. knee. He said he was walking and it gave out. Twisted his Rt. knee. He has a small puncture wound he said when he hit the corner of a table. Also has some swelling and pain and tenderness in the prepatella area. Question of compensation injury and recent back injury, the wound was cleaned and dressed. He was sent for xray of the RT. knee, xray showed no fracture. Advised to continue to clean wound and dress daily, elastic bandage, use ice pack. Recheck in 1 week. Dx is contusion and small puncture wound of Rt. knee.

PC/cr

4-3-95

cr

Christopher Lester

He sneezed and his back gave out. Seems to be better. Ankle and knee reflex was sluggish, but equal. Straight leg raising was to 20 degrees. Finger to toe was to about 6 inches. Excercise, warm soaks and physical therapy and return in 2 weeks for possible discharge.

PC/dw

dw

4-17-95

Christopher Lester

He has been complaining of some lower back pain and discomfort. He talked about wanting a tens- unit to help him sleep at night. He used his girlfriends and it helped him. Finger to toe is about 6 inches not tender in the lumbar spine. His straight leg raising is to about 30 degree. Advised to increase exercising allowed to return to work on April 24th. Return in 2 weeks.

PC/cr

4-24-95 Christopher Lester

Follow up of recent back injury with compression fracture of T-11. He came in today still hasn't returned to work. He is complaining of pain his lower back worsening. He said his boss wouldn't let him go back to work for light duty job. He said he would rather have him stay off until he will be able to do his regular job. His back hasn't changed with no muscle spasms at this present time. The PT is going to try to obtain a tens unit for him. He is also given instructions for PT to do a work hardening program on him. Return in 2 weeks.

PC/cr

5-5-95

Christopher Lester

Pain mostly to the right side of the lumbar spine area. He only has limited physical therapy due to physical therapy was on vacation. Advised to continue physical therapy. Compensation is referring possibly to an orthopedist Dr. Lomil. He is to continue PT for 3-4 more weeks. Return in 3 weeks.

PC/dw

5/26/95 DN.CI / C. Roe
6-5-95 Ph left without seeing dr., said he would like to talk with compensation and then reschedule. Said he received from comp. a paper telling him to go see Dr. Lomil - we ask him to bring it in so we could see it and let him know what to do so his comp. would not get messed up. He said he would talk to comp. & then reschedule with us. F. Frazier

6-9-95

Christopher Lester

He continues to complain of pain in his lower back, and knot on his Rt. knee ~~probably~~ and indurated area in the front of the patella area. He said his getting and authorization from Compensation to change doctors but he just he wants to have an examination by Dr Lomil but he doesn't need to change doctors for just 1 examination. His examination today showed moderate limitation of flexion and extension of lumbar spine. Continue PT. Return in 2 weeks.

PC/cr

rc

6-26-95

Christopher Lester

He complain of back pain right and left knee and sometimes his leggs give out. He says Compensation wants us to refere him to a orthopedic surgeon and he should be getting and authorization soon, he has been under going a work hardening program, he says its not going very well. His fingers and toes are about 12 inche, his lower extremities reflexs are normal and equal. He is to continue his work hardening program. Return in 2 weeks. Possibly to return to work in 2 to 4 weeks.

rc

PC/th

7-10-95

Christopher Lester

He came in for follow up of back injury. He has a compression fracture of the T-11 from an old injury. He has been coming to office since 1994, from an injury at work. He has been having back pain and pain in his knee, this other injury is not associated with his back. However he continues to complain of his knee giving out. We discussed about him going back to work and he said he may not have a job any more with the present employer. He said Compensation is going to send him to a rehabilitation program to train him for another job, his appointment for rehabilitation is later this month. He claims that Compensation wants me to send him to a orthopedic surgen again. General condition has not changed and has not improved or deteriorated. I persume he is doing as well as he can. His compression fracture has healed. He should be ready for disability rating, also to go back to work if he has a job or can be rehabilitated or trained for another job. Please send a copy to Compensation.

rc

PC/th

7/12/95 Sent out copy of office notes on 7-10-95 to Comp. sh

sh

500688.015.0638

7-95
Christopher Lester - ^(dictation)_{not} papers copied for Worker's Comp. R. Starcher

8-7-95

Christopher Lester

He continues to have some pain in his lower back. This has not changed. He said that he is on PT writing. He said that it helps him very little with writing and using his hand. At the same time he can do either hand or exercise with his bicycling alone. His finger to toe is 18 inches. His ankle and knee reflexes are equal. He still has little or no muscle spasm today. The worker from CRA manage care was also with him today. Will help facilitate for him to go for an evaluation at Logan to determine what type of work he can do. He is to continue his PT until he has the evaluation. He is to return in 4 weeks or sooner if needed for his pain medication, etc.

PC/rs

nc

8-14-95 - copies made for pt. to take to Worker's Compensation. R. Starcher.

9-7-95 Pt. DNCI K. Frazier

10-31-95 Pt. DNCI R. Starcher

**P. Chinuntdet, M.D.
623 Madison Avenue
Madison, WV 25130**

1-31-96

Christopher Lester

Chief Complaint: Rt arm evaluation.

Vital Signs: 97.6, 80, 20, 132/76

Diagnosis: Rt shoulder strain, old compression Fx T12

He came in today with a worker from CRA manage care. He is complaining of pain and wants a prescription for his Dolobid. He also, when asked about the examination on his rt shoulder, he tended to degrade Dr. Majestro examination. He said that he did not get looked at and Dr. Majestro told him that he is alright. He is complaining of some discomfort in the Dorsal spine area between the shoulder. The CRA manage care is going to arrange for him to go vocational rehabilitation to train him as an electrician, this will take about 18 months, but there is question of whether he needs a work hardening program, because he will have to lift upto 50lbs. There is question of whether he has to lift 50lbs when he is a student or after he finishes his training. His examination showed a well developed muscle on both sides, they are fairly equal on both sides. There is questionable slight weakness on the rt side compared with the lt shoulder with minimal if any limitation of extension, abduction and flexion of the rt shoulder. He might need some work hardening program before he resumes his work. He is given Rx for Dolobid #30, to take 500mg q 12 hours, to return if needed.

PC/rs



500688.015.0640

P. Chinuntdet, M.D.
623 Madison Avenue
Madison, WV 25130

11-1-95

Christopher Lester

Chief Complaint: Having trouble with rt arm
Vital Signs: 98.5, 80, 20, 116/84
Diagnosis: Rt arm weakness

He has come in today from the last visit in August, he has been evaluated for rehabilitation at Logan General and apparently the Physical Therapist there found weakness on his rt arm and shoulder and recommended that he have his arm fixed or operated on according to the patient. We did have a report from the Physical Therapist indicating that his arm was weak, about 15% weaker than normal. It is not stated whether this is connected to his injury, but the Pt claims that he just noticed it since the Physical Therapist examined him. He thought it was due to the Header bouncing off his Rt shoulder. There is questionable weakness of rt upper extremity, his reflexes may be slightly diminished in his rt elbow. He has some slight tenderness and pain on internal and external rotation of his shoulder. I am not certain to what the Physical Therapist has found unless it is a Rotator's Cuff tear. Advised that he is to be evaluated by an Orthopedic Surgeon. Authorization from Compensation is requested for him to be seen by Dr. Majestro, or his associate.

PC/rs

11-1-95 - called Dr. Majestro's office to set up an appointment -
they are going to call back to ~~let~~ if ~~ERROR RNS~~ - Let me
know when the doctor can see Mr. Lester. R. Starcher.

11-17-95 2:20 pm - Marcia VanHook called - she set up an
appointment with Dr. Majestro for Chris @ 2:00 pm on Nov. 30.
R. Starcher

1-9-96 - Pt. DUCI - R. Starcher

1-18-96 - Pt. DUCI - K. Frazier

**P. Chinuntdet, M.D.
623 Madison Avenue
Madison, WV 25130**

7-5-96

Christopher Wayne Lester

He said that his back hurts again. He has been going to school to be an electrician and they started him on a work hardening program for about a week and a half. He said that they started having him do weight lifting. He said that his back started hurting him for the last few days. He still complains of pain radiating from his neck to his back.

rehr

PC/rs

07-05-96

Christopher Lester
continuation

Examination showing limitation of movement of neck and back, straight leg resting is to about 20 to 25 degrees. He has little muscle spasms at the present time, he is tender in the cervical area. I would suggest that he ease up on the physical therapy, ease up on the work hardening program, and resume within a week or so. At the lowest leave as possible adjusting to the patients tolerance. Please send a copy to Comprehensive Rehabilitation Associates, Inc.

rd

PC/th

7-17-96

Sent copy to Comprehensive Rehab. Associates, Inc.
7/19/96 Pt. DNEI: K. Frazier
Jeresa Henderson

auth/01-01-96/*8 VENDOR COPY ** 1005904

Bureau of Employment Programs
Workers' Compensation Division
4700 MacCorkle Avenue, S.E.
Charleston, West Virginia 25304-1964

Gaston Caperton, Governor
Andrew N. Richardson, Commissioner



July 19, 1996

SNYDER J MARK
MADISON MEDICAL GROUP
705 MADISON AVENUE
MADISON, WV 25130

CHRISTOPHER W LESTER
PO BOX 21
HEWETT, WV 25108-0000

Re: Claim 950006803
S.S.N. [REDACTED] 3340
D.O.I. 08/10/1994

PLEASE READ CAREFULLY - AUTHORIZATION DECISION

The request from CLAIMANT dated 07/18/1996, is Approved.

PER THE CLAIMANT'S REQUEST, DATED JULY 18, 1996, THIS LETTER WILL SERVE AS AUTHORIZATION FOR DR. J. MARK SNYDER TO ASSUME CARE OF THE CLAIMANT FOR THE COMPENSABLE INJURY.

Your authorization number is 196200163.
Authorized Dates are through .

If it is later determined you are not entitled to authorized services, payment will be recovered.

Any party to this claim may protest this decision by sending a written protest to the Office of Judges, with copies to all other parties to the claim, within 30 days from the date you receive this letter. See addresses below:

Office of Judges
P. O. Box 2233
Charleston, WV 25328-2233

Director, Legal Services Division
P. O. Box 3922
Charleston, WV 25339-3922

After the protest is filed, all parties may agree to seek mediation services. If so, you may contact the Mediation Unit at P.O. Box 2964, Charleston, WV 25330-2964.

If you have any questions or concerns, you may reach me at 304-926-5264.

CC: TRI-STATE HOME CENTER
CRA
SNYDER J MARK

Workers' Compensation Division
BY: Greg Hughes
Claims Representative 3/Senior

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500688.015.0643